

FALL 2006 REGISTRATION FORM



ADULT NAME (Last) _____ (First) _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE *home* (_____) _____ *work* (_____) _____ *mobile* (_____) _____

Emergency Name _____ Emergency Phone (_____) _____

E-mail: _____ (for Mt. Baker program use only)

ASSUMPTION OF RISK AND RELEASE FORM: Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might be thrown overboard into cold water; it may hit another boat or run into an obstruction or the shore, and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun, I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the City of Seattle, its advisory councils, and sponsoring organizations, and their employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate. Participation authorized; risks assumed; and release granted. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years.

X Participant Signature:** _____ **Date:** _____

**Parent/Guardian signature for anyone 17 years old or younger

PARTICIPANT'S NAME		Birth Date	EO*	Sex	CLASS NAME	COURSE #	CLASS TIME or AM/PM?	Class Fee
Last	First							
								\$
								\$
								\$
TOTAL								\$

***ETHNIC ORIGIN:** Information is used for statistical purposes and is not required for participation.
A=Asian; B=Black/African American; H=Hispanic; N=Native American; W=Caucasian; O=Other

Please complete the following information:

☐ Paying by exact CASH

☐ Paying by check to "**City of Seattle**": Check Number: _____

☐ Paying by credit card: Type (circle) Visa MasterCard American Express

Name as shown on card: _____ CC Signature: _____ Date: _____

CC Card #: _____ Exp. Date: _____